BEST AVAILABLE CODY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		S	SMALL ENTITY			OTHER	THAN					
TOTAL OLANIO			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			76		:			RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ε	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 80			X\$ 9=	-	OR	X\$18=	1440-02
INDEPENDENT CLAIMS			12 minus 3 =		• 9			X40=		OR	X80=	72000
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT			įQ_	f	+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" ir			column 2	L	TOTAL		OR		270 00
CLAIMS AS AMENDED - PART II								101712			OTHER	3140- 00
	(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 88	Minus	·· /C	<u> 20 </u>	=	X\$ 9=	OF	OR	X\$18=		
AME	Independent	NTATION OF MI	Minus +++ / A MULTIPLE DEPENDENT		CLAIM	=15		X40=	-	OR	840=	1260
-	11101111202		+135=		OR	+270=						
•	,					·	Δ.	TOTAL DDIT. FEE	:	OR	TOTAL ADDIT. FEE	1260,
·		(Column 1) (Column 2) (Column 3)										Paid
AMENDMENT B	County 1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 79	Minus	100	9	=		X\$ 9=		OR.	X\$18=	
AME	Independent	. 23	Minus	Q.'	7	=		X40=		OR	X80=	·)
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞	+135=			.070	
							L	TOTAL		OR	+270= TOTAL	
		ΑĽ	DDIT. FEE		OR	ADDIT. FEE						
	N. Sav.	(Column 1) CLAIMS		(Colur		(Column 3)	. <u> </u>			_		
AMENDMENT C		REMAINING AFTER AMENDMENT	4	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	 -			OR					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	f the "Highest Nur	mber Previously Pa mber Prèviously Pa	aid For" IN THIS	S SPACE is	s less thai	n 20. enter "20."	, -	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
•	The "Highest Num	nber Previously Pai	d For" (Total or	Independe	ent) is the	highest numbe			ropriate box			